

Department of Regulation & Licensing

State of Wisconsin
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ATHLETIC TRAINERS AFFILIATED CREDENTIALING BOARD

ATHLETIC TRAINERS CERTIFICATE OF PROFESSIONAL EDUCATION

Information requested is required for processing.

THIS FORM MUST BE COMPLETED BY YOUR PROFESSIONAL SCHOOL
AND RETURNED TO THE ATHLETIC TRAINERS AFFILIATED CREDENTIALING BOARD

APPLICANT - Please complete this section.

NAME (First, Middle, Maiden, Last)

Social Security Number*

____ - ____ - ____

ADDRESS (City, State, Zip)

Date of Graduation

____ / ____ / ____

CERTIFYING SCHOOL - Please complete this section.

NAME OF INSTITUTION

LOCATION OF INSTITUTION

DEGREE AWARDED

MAJOR

DATE OF DEGREE

Signature of Dean or Department Head

Date

SCHOOL SEAL

* For use in the school locating your records.

#2498 (8/00)

Ch. 448, Stats.

Committed to Equal Opportunity in Employment and Licensing